

REFLECTIONS ON A YEAR OF CHANGE*

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Reason is one of the very feeblest of Nature's forces, if you take it at any one spot and moment. It is only in the very long run that its effects become perceptible.

William James

IN the fall of 1969, shortly after my appointment, I was reminded by *my* secretary that one of the responsibilities of the executive secretary of the Committee on Public Health was to deliver a report to the committee at the Annual Meeting in January. A review of past publications of the committee revealed that these presentations were not annual reports in the usual sense but rather comments by the executive secretary on matters that he felt were of concern to the committee. The report served, in some degree, as an interlude between the committee's formal business (including the reorganization for the New Year, the election of both executive and nominating committees), and the annual dinner which formerly followed the Annual Meeting.

In January 1970 I felt that it would be presumptuous of me to deliver an annual discourse after only four months as executive secretary, and I prevailed upon Dr. Harry Kruse, my predecessor as executive secretary, to return and give the committee the benefit of his view from the outside.

It is now January again! I still question whether I am capable of an objective view of the confusing and somewhat frustrating past 12 months.

Too much time and energy, I think, has been expended in complying with a mandate from the council to look into New York City's

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health-care delivery system. This mandate was the outgrowth of the Academy's protest to the mayor of his appointment of Gordon Chase as Health Services Administrator. The ensuing evaluation has been exceedingly difficult because the programs and personnel in the health area change frequently, as if governed not by administrative directive but by Brownian movement.

There has been the continually nagging question about the adequacy of the traditional concept of public health in today's changing world. A related question is the relevance of this Academy in today's atmosphere, where medical decisions are being made increasingly on social and economic rather than on medical grounds by nonmedical individuals or by scientific persons who have little or no experience in medical care or in its delivery. Indeed, the question has been raised as to whether decisions concerning the delivery of health care are too important to be left to physicians.

It is this latter subject that I should like to address myself to briefly since I feel that time is rapidly running out and that concerned health professionals had better put aside their parochial self-interest and gird themselves for the changes that are coming lest they be overwhelmed by the future shock that Alvin Toffler has warned about. Toffler has coined the term "future shock" to describe the shattering stress and disorientation that we induce in individuals by subjecting them to too much change in too short a time, and he suggests that the *rate* of change has implications quite apart from, and sometimes more important than, the *direction* of change. Since, as the folk song says, "The times, they are a 'changin'," the profession had better prepare itself to influence these changes in a desired manner.

The questions are many and they demand answers. Time does not permit even a superficial discussion of these problems, but I am sure that, thanks to Ralph Nader and the various community action groups (not to mention large segments of the scientific community), you are already aware of the varying views.

A recent book, *The American Health Empire: Power, Profits, and Politics*,* states as its thesis: "... the American health system is not in business for people's health." Compiled from the reports of the Health Policy Advisory Center in New York City, many of the concerns expressed therein, while approached negatively, are, to my mind, legiti-

*A Health-PAC book. New York, Random House, 1970.

mate; the interpretation of their facts is a worthwhile subject for serious consideration and, perhaps, for dispute.

Without prejudicing or prejudging the subsequent report of this committee's Subcommittee on Health Care in New York City, it is obvious from our many meetings that there are serious problems in both formulation of medical policy and the actual delivery of health care to the citizens of New York City. However, I submit that it would be a serious mistake to believe that this is a purely local problem. Granted that there is no critically evaluated health-care policy for the city of New York at present, one suspects that the problem is of much wider scope. With respect to New York City, with all its problems, one senses a "cascade factor" which originates in Washington (where health policy is either chaotic or nonexistent and presently lowest on the list of priorities), flows over the cataracts of the Niagara to Albany, and then trickles down the polluted Hudson to the Health Services Administration in New York City. The real problem, it seems to me, is a conceptual one rather than one of personalities. It is sad indeed when we learn that a physician, the assistant secretary of The Department of Health, Education, and Welfare is *denied access to the White House*, and that health policy is made by businessmen and politicians.

Accordingly, I have decided that it would be inappropriate for me to waste time at this meeting by pontification or speculation—particularly when there are presently far more questions than there are answers.

I should like to raise some of the questions at this organizational meeting, since I feel that this committee or the Academy should consider them either immediately or in the not-too-distant future.

First, I feel that consideration should be given to clearly defining the role of the Committee on Public Health, and indeed of the Academy of Medicine, today! Many of the prior functions of this committee and this Academy are now being performed by the government (national, state, or municipal) as well as by other private agencies—usually on a compensated basis. Is the Academy to be truly an association of dedicated scholars or merely a corporate structure where policy is made and handed down from the Board Room?

Second, is the current approach to health policy and the delivery of health care truly realistic? If the profession disagrees with present policy it had better stop reacting late to proposed or functioning programs and become innovative.

Third, is the medical profession, as presently organized, willing to provide, or capable of providing, viable, enlightened leadership? Our vocal young physicians and medical students insist that it is neither, and they will provide the leadership of tomorrow. I need only remind you that the Student American Medical Association was conceived as a relatively conservative offshoot of the American Medical Association (AMA). Today its policies bear little resemblance to that of its parent.

Finally, are the economic and social aspects of medicine given adequate recognition by organized medicine? Or is it merely lip service paid by an entrenched oligarchy who, having enunciated a policy of seeming enlightenment, stick their heads back into the sand in the hope that no one will whack them unexpectedly on their exposed backsides? The emasculation of the Himmler Report by the AMA's House of Delegates is a case in point.

Despite the prior questions which are intended to be provocative but which may seem pessimistic I feel that prompt action rather than reluctant reaction or truculence may resolve some of these problems. But a start must be made—and quickly!

To quote Lord Clark, who has done much to encourage many in the past year or so by his personal overview of civilization, "I believe that order is better than chaos and that creation is better than destruction. I prefer gentleness to violence and forgiveness to vendetta." On my part, I believe as does he that "Knowledge is preferable to ignorance and that human sympathy is more valuable than ideology."

However, and again I quote Lord Clark, "One may be optimistic, but one can't exactly be joyful at the prospect before us."

Speaking at the dedication of the New York University-Bellevue Medical Center in 1955, Adlai Stevenson stated that "healing, like music, is a bridge between races and nations." He concluded his address by pointing out that "The secrets of life-giving, unlike those of death dealing, can be made humanity's possession, binding the giver and receiver ever closer together."

It is my sincere hope that the committee finds the coming year productive, interesting, and stimulating.